

**DREW UNIVERSITY**  
**CROSS REGISTRATION APPLICATION/REGISTRATION FORM**  
**FOR COURSES AT COLLEGE OF SAINT ELIZABETH**  
**(Non Education Minors Only)**

PLEASE PRINT

Application for: Fall 20\_\_\_\_ Spring 20\_\_\_\_

Social Security No. _____		Date of Birth _____	
Last Name _____			Middle Name _____
First Name _____			
Permanent Address: _____			
Number	Street	Bldg/Apt	
_____			
City	State	Zip Code	Country
_____			
Home Telephone Number (____) - _____		Campus Telephone Number (____) - _____	

Registration will be processed only if all information is fully completed. Home, not guest, college will advise you if courses are open or closed and will provide meeting rooms, final grades, etc.

Dept.	Course Number	Section	Course Title	Days/Times	Cr.	Use*	Approved (yes/no)

\* "USE": Mark each course with either an "MJ" (for use in major), "MN" (for use in minor), "GE" (for use to satisfy general education requirements), or "EL" (for use as elective credit).

Total Credits: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_  
(required for courses to be used in the major or minor)

Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_  
(required for courses to be used in the major or minor)

Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Date		Date		Date
Received from Student No Holds Verified Sent to Guest School		Received by Guest School No Holds Verified Processing Complete Returned to Home School		Received from Guest School Records Finalized Student Notified	
Denied by Guest School Student Contacted Records Updated Outcome Resent to Guest School		Received from Guest School Processing Completed Denied: Reissue New Form Returned to Home School		Received from Guest Schho Records Finalized Student Notified	